

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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## BOARD OF NURSING

### **INFORMATION FOR COMPLETING REGISTERED NURSE RE-REGISTRATION APPLICATION**

#### **GENERAL INFORMATION FOR REGISTERED NURSE RE-REGISTRATION CANDIDATES**

Please complete this application if your Wisconsin registered nurse license has been expired for 5 years or more.

**Note:** If you have not had 2 out of the last 5 years consecutive registered nursing employment, you will be required to take refresher courses.

#### **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

1. **Application (Form #2460):** Complete the enclosed application and attach the total fee. Make check payable to "Department of Regulation & Licensing". Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. See page 2 of Form #2460 for other required documentation.
2. **Verification of Licensure:** We require verification of your registered nurse license from every state in which you have ever held a registered nurse license (since the expiration of your Wisconsin registered nurse license). This includes active and inactive registered nurse licenses.

#### **AMERICANS WITH DISABILITIES ACT**

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#### **REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES**

**Candidates must indicate at the time of application to the department that modifications are being requested.** Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

#### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

#### **MAILING INSTRUCTIONS**

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING  
BOARD OF NURSING  
PO BOX 8935  
MADISON WI 53708-8935

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Ch. \_\_\_\_\_, Stats.